

2/8530

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request to cancel Class E HHG Certificate

Advantage Relocation Systems, Inc.

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 1999 - 301 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: (*) Emma Adams

Telephone: (*) 803-714-6683

Address: (*) 1501 Key Rd Unit C+D

Fax: (*) 803-714-6687

(*) Columbia

Other:

(*) SC 29201

Email: emmadams@a.mover4u.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Request for Name Change on Certificate

☐ Application - Class C Taxi

☐ Request to Amend Scope of Authority

☐ Application - Class C Charter

☐ Request to Amend Tariff (rate increase, etc.)

☐ Application - Class C Charter Bus

☐ Request to Amend Passenger Limit

☐ Application - Class C Non-Emergency

☐ Request

☐ Application - Class C Stretcher Van

☐ Exhibit

☐ Application - Class E Household Goods

☐ Late-Filed Exhibit

☐ Application - Class E Hazardous Waste

☐ Letter

☐ Application

☐ Proposed Order

☐ Request for Extension to Comply with Order

☐ Publisher's Affidavit

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Reservation Letter

☒ Request for Cancellation of Certificate

☐ Response

☐ Request for Suspension

☐ Return to Petition

☐ Request for Reinstatement

☐ Other:

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Request for Cancellation of Certificate

99-301-T

File the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina Docketing Department Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815

DATE:

Please consider this a request to cancel my:

- | | |
|---|---|
| <input type="checkbox"/> Class C Taxi Certificate | <input type="checkbox"/> Class A Restricted Certificate |
| <input type="checkbox"/> Class C Charter Certificate | |
| <input type="checkbox"/> Class C Charter Bus Certificate | |
| <input type="checkbox"/> Non-Emergency Certificate | |
| <input checked="" type="checkbox"/> Class E Household Goods Certificate | |
| <input type="checkbox"/> Class E Hazardous Wastes Certificate | |

RECEIVED
PSC SC
DOCKETING DEPT
AUG 11 2009

My Certificate Number is 9696

Advantage Relocation Systems, Inc.
(Name of Company) DBA

N/A
(If applicable)

1501 Key Rd Unit C+D
(Street Address)

P.O. Box 24081
(Mailing Address if different from Street Address)

Columbia SC 29201
(City, State, Zip Code)

Columbia SC 29224
(City, State, Zip Code)

803 714-6683
(Telephone Number)

Emma Adams
(Signature)

Vice President
(Title)

owner, president, vice president

ADVANTAGE RELOCATION SYSTEMS, INC.

FROM THE DESK OF EMMA ADAMS

FACSIMILE TRANSMITTAL SHEET

TO:	<i>Public Service Commission</i>	FROM:	Emma Adams
COMPANY:	<i>896-5199</i>	DATE:	<i>8/11/09</i>
FAX NUMBER:	<i>ATTN: Docketing Dept.</i>	TOTAL NO. OF PAGES INCLUDING COVER:	<i>3</i>
PHONE NUMBER:		SENDER'S REFERENCE NUMBER:	
RE:		YOUR REFERENCE NUMBER:	

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS: